

Civil Action No. BAH-25-337

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_ Matthew J. Memoli, Acting Director of the  
was received by me on *(date)* 02/07/2025 National Institutes of Health

- I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or
- I returned the summons unexecuted because \_\_\_\_\_; or
- Other *(specify)*: Certified U.S. Mail, Postage Prepaid, Return Receipt Requested  
Delivered on 2/13/2025

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 03/05/2025

  
*Server's signature*

Kenyon North, Jr. Paralegal

*Printed name and title*

Jenner & Block LLP  
1099 New York Ave., NW, Ste. 900  
Washington, D.C. 20001

*Server's address*

Additional information regarding attempted service, etc:

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only Case 8:25-cv-00337-BAH Document 123-6 Filed 03/10/25 Page 2 of 2

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

7018 1830 0002 1706 6361

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box and fee as appropriate)	
<input type="checkbox"/> Return Receipt for Delivery \$	
<input type="checkbox"/> Return Receipt Electronic \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
MATTHEW J. MEMOLI National Institutes of Health 9000 Rockville Pike Bethesda, MD 20892	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MATTHEW J. MEMOLI  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20892

2. Article Number (Transfer from service label)  
7018 1830 0002 1706 6361

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Anita Hogan*  Agent  Addressee

B. Received by (Printed Name) *Anita Hogan* C. Date of Delivery 3/13/25

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Priority Mail Express®  Registered Mail™  
 Adult Signature  Registered Mail Restricted Delivery  
 Adult Signature Restricted Delivery  Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery  
(Over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt